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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

ARIEL MERCADO ROSADO

DEBTOR(S)

CASE NO. 18-01283

CHAPTER 7

**MOTION TO AMEND SCHEDULE F TO CORRECT ADDRESS OF CREDITOR
COOPERATIVA DE AHORRO Y CREDITO DE LAJAS**

TO THE HONORABLE COURT:

Now comes debtor(s) through the undersigned attorney and very respectfully prays and states as follows:

FIRST: It is hereby requested that schedule F be amended in order to include correct address of COOPERATIVA DE AHORRO Y CREDITO DE LAJAS unsecured creditors:

COOPERATIVA DE AHORRO Y CREDITO DE LAJAS
PLAZA DEL VALLE
47 SUR 65 DE INFANTERIA suite 1
LAJAS, PR 00667-2350

SECOND: Amended schedule F herein attached.

WHEREFORE; Debtor respectfully prays the Honorable Court to take notice of amended schedule F to correct address of creditor Cooperativa De Ahorro Y Credito De Lajas.

NOTICE is given that in asset cases, the creditor has the right to file a Proof of Claim within thirty (30) days of service of the documents required by this LBR, or within the time set for previously scheduled creditors to file Proofs of Claim, whichever is later; or within such other time as allowed by Fed. R. Bankr. P. 9006(c) and ordered by the court.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on 7/11/2018, I noticed amended schedule F with a copy of the original Notice of 341 Meeting of Creditors to the trustee, United States Trustee, and to COOPERATIVA DE AHORRO Y CREDITO DE LAJAS, PLAZA DEL VALLE, 47 SUR 65 DE INFANTERIA suite 1, LAJAS, PR 00667-2350 and electronically filed the foregoing with the clerk of the Court using the CM/ECF system which will send notification of such filing to the following: Trustee assigned to the case, and I hereby certify that I have mailed by the United States Postal Service the document to the following non CM/ECF participants.

In Mayaguez, Puerto Rico, this July 11, 2018.

/S/MIRIAM S. LOZADA RAMÍREZ
ATTORNEY FOR DEBTOR

TEL 787-834-3004

FAX 787-986-7346

miriamlozada@gmail.com

POSTAL ADDRESS:
URB. PASEO LOS ROBLES
3020 JOSÉ MONGE
MAYAGÜEZ, PR. 00682

Fill in this information to identify your case:

Debtor 1 **ARIEL MERCADO ROSADO**
 First Name Middle Name Last Name
 Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**
 Case number **18-01283**
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	ADA SANCHEZ OCASIO Priority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5925 When was the debt incurred? 11/30/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$5,630.44	\$5,630.44	\$0.00

2.2	IVETTE RODRIGUEZ Priority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3663 When was the debt incurred? 11/20/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$715.20	\$715.20	\$0.00
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Debtor 1 **ARIEL MERCADO ROSADO**

Case number (if know)

18-01283

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Att Services Nonpriority Creditor's Name Po Box 192830 San Juan, PR 00919 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1321</u> When was the debt incurred? <u>Opened 2/21/03 Last Active 8/03/09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Agriculture</u>	Total claim \$84.00
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4.2	BANCO SANTANDER Nonpriority Creditor's Name PO BOX 362589 San Juan, PR 00936-2588 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2299</u> When was the debt incurred? <u>Opened 11/27/15</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>loan with Santander Financial number xxx-2299 dated November 27, 2015. T a refinance of previous loan number xxx-6119 made on November 1, 2012. NO MONEY WAS DISBURSED TO DEBTOR</u>	\$6,560.00
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Debtor 1 **ARIEL MERCADO ROSADO**

Case number (if know)

18-01283

4.3

Coop A/C Lajas

Nonpriority Creditor's Name

PLAZA DEL VALLE

47 SUR 65 DE INFANteria suite 1

Lajas, PR 00667-2350

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0721**

\$8,757.00

When was the debt incurred? **Opened 07/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor had made a loan with Cooperativa on June 1, 2010, (xxx-0601) which was refinanced on November 13, 2012 as loan(xxx11113) and refinanced again on July 2016 as loan number(xxx-0721, NO MONEY WAS DISBURSED TO DEBTOR

4.4

Coop A/c Lajas

Nonpriority Creditor's Name

PLAZA DEL VALLE

47 SUR 65 DE INFANteria suite 1

Lajas, PR 00667-2350

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1113**

Unknown

When was the debt incurred? **Opened 11/13/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.5

Jefferson Capital Syst

Nonpriority Creditor's Name

16 Mclelland Rd

Saint Cloud, MN 56303

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9003**

\$6,456.00

When was the debt incurred? **Opened 11/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Factoring Company Account for Santander Financial

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 **ARIEL MERCADO ROSADO**

Case number (if know)

18-01283

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

AsUME
PO BOX 71316
San Juan, PR 00936-8416

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5925

Name and Address

AsUME
PO BOX 71316
San Juan, PR 00936-8416

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3663

Name and Address

FRANCISCO VILANOVA
MONTALVO
Address. P.O. BOX 2530
San German, PR 00683

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

FRANCISCO VILANOVA
MONTALVO
Address. P.O. BOX 2530
San German, PR 00683

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 6,345.64
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 6,345.64
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 21,857.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 21,857.00

ARIEL MERCADO ROSADO
HC-2 BOX 11876
LAJAS, PR 00667

IVETTE RODRIGUEZ

MIRIAM LOZADA RAMIREZ
MIRIAM LOZADA RAMIREZ
URB PASEO LOS ROBLES
3020 JOSE MONGE
MAYAGUEZ, PR 00682-2000

JEFFERSON CAPITAL SYST
16 MCLELAND RD
SAINT CLOUD, MN 56303

ADA SANCHEZ OCASIO

ASUME
PO BOX 71316
SAN JUAN, PR 00936-8416

ATT SERVICES
PO BOX 192830
SAN JUAN, PR 00919

BANCO SANTANDER
PO BOX 362589
SAN JUAN, PR 00936-2588

COOP A/C LAJAS
PLAZA DEL VALLE
47 SUR 65 DE INFANTERIA SUITE 1
LAJAS, PR 00667-2350

COOP A/C LAJAS
PLAZA DEL VALLE
47 SUR 65 DE INFANTERIA SUITE 1
LAJAS, PR 00667-2350

FRANCISCO VILANOVA MONTALVO
ADDRESS. P.O. BOX 2530
SAN GERMAN, PR 00683

**United States Bankruptcy Court
District of Puerto Rico**

In re **ARIEL MERCADO ROSADO**

Debtor(s)

Case No. **18-01283**

Chapter **7**

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of 7 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date **July 11, 2018**

Signature **/s/ ARIEL MERCADO ROSADO**

ARIEL MERCADO ROSADO

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.